

PURCHASE REQUEST ROUTING SLIP

P.R. # _____

REQUESTOR: Indicate signature(s) required by checking appropriate box(es) and forward to first required area as indicated.

AUTHORIZER: Sign and forward to next required area as indicated.

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Group Export Administrator
All requisitions for Consultant and Assistant Services that are performed onsite at SAIC-Frederick, Inc.

Authorized Signature **Date**

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Building Coordinator
All requisitions for installed and capital equipment, appliances, furniture systems, telephone and data related items (LAN, WAN) are to be reviewed for both adequacy of space and requirement for Maintenance Service Requests or Telephone Service Request (NIH 410)

Authorized Signature **Date**

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Environment, Health & Safety
Radioisotopes, biological safety cabinets, chemical fume hoods, laminar flow cabinets, ultracentrifuge rotors, high speed centrifuge rotors, ultracentrifuge(s), high speed centrifuge(s).

Authorized Signature **Date**

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Scientific Library
Books and subscriptions, including electronic media

Authorized Signature **Date**

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Institutional Review Board
Human tissues, organs and sera

Authorized Signature **Date**

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Laboratory Animal Sciences Program
DEA controlled substances, rodent sera, animal-derived cell lines, monoclonal antibodies used in animals, all live animals

Authorized Signature **Date**

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Finance
Capital equipment - SAIC-Frederick, Inc. and NCI programs only

Authorized Signature **Date**

ONCE SIGNATURES ARE OBTAINED PLEASE FORWARD TO PURCHASING